



PROVIDER REFERRAL FORM
Fit Families for Life- Be in Charge! SM Program
Medi-Cal

Fax the completed form to the Health Education Department at 800-628-2704 or by email at healtheducationdept@healthnet.com.

For questions or to check the status of a submitted referral, contact the Health Education Department directly at 800-804-6074.

Provider: Please complete the information below before sending the referral form by fax or email.

CalViva Health member information:

Member full name: Member ID: Gender:
Date of birth: Age: Preferred written language: English Spanish Other:
Address: City: State: ZIP Code:
Phone ( ) Parent/Legal guardian full name:

Select requested weight management resources:

- Fit Families for Life (FFFL) – Home Edition
Five-week, self-study, home-based family program aimed at improving food choices and physical activity. Includes a booklet, cookbook, exercise stretch band and access to online workout videos.
Healthy Habits Healthy People (HHHP)
Weight management program for older adults aimed to improve food choices and physical activity. Includes a booklet, cookbook, exercise stretch band and access to online workout videos.

Physician information:

Name: License number:
Clinic/provider group name:
Phone number: ( ) Fax number:
Email address:
Physician signature: Date: